

**Acute-Care Contractor Performance Measures for CYE 2014**

Performance Measure	New Measures? (Y/N)	Administrative (A) or Hybrid (H)?	Minimum Performance Standard (MPS)	Goal	Methodology	Comments
<b>ADULT MEASURES</b>						
Inpatient Utilization (days/1,000 member months)	Y	A	480	430	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months (ages 20+).
ED Utilization (visits/1,000 member months)	Y	A	725	600	HEDIS - AMB (Ambulatory Care)	Only the ED visit portion of the methodology will be utilized for PM evaluation. The PM rate will be reflective of an aggregate rate of visits per 1,000 member months (ages 20+).
Readmissions within 30 days of discharge	Y	A	0.85	0.81	Adult Core*	The average adjusted probability will serve as the reported PM rate. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Adult asthma Admission Rate	Y	A	TBD	TBD	Adult Core	This rate will be calculated on an annual basis; there is no continuous enrollment criteria. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Use of Appropriate Medications for People with Asthma	N	A	86%	93%	HEDIS	This measure will follow HEDIS methodology and will include members age 5-64. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Follow-up After Hospitalization (all cause) within 7 Days	Y	A	50%	80%	Adult Core <sup>(1)</sup>	This measure will be for both mental health and physical health discharge diagnoses. The PM rate will be reflective of an aggregate rate for all hospitalizations.
Follow-up After Hospitalization (all cause) within 30 Days	Y	A	70%	90%	Adult Core <sup>(1)</sup>	This measure will be for both mental health and physical health discharge diagnoses. The PM rate will be reflective of an aggregate rate for all hospitalizations.
<i>Comprehensive Diabetes Management</i>						
HbA1c Testing	Y	H	77%	89%	Adult Core	Intentionally left blank.
LDL-C Screening	Y	H	70%	91%	Adult Core	Intentionally left blank.
Eye Exam	Y	H	49%	68%	HEDIS - CDC (Comprehensive Diabetes Care)	Intentionally left blank.
<i>Flu Shots for Adults</i>						

Ages 50-64	Y	A**	75%	90%	AHCCCS	PM rate will be reflective of the number of members within the age group that received a flu shot during the study period. AHCCCS will utilize administrative and ASIIS data for this measure calculation.
Ages 65+	Y	A**	75%	90%	AHCCCS	PM rate will be reflective of the number of members within the age group that received a flu shot during the study period. AHCCCS will utilize administrative and ASIIS data for this measure calculation.
Diabetes Admissions, short-term complications	Y	A	TBD	TBD	Adult Core	This rate will be calculated on an annual basis; there is no continuous enrollment criteria. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Chronic obstructive pulmonary disease admissions	Y	A	TBD	TBD	Adult Core	This rate will be calculated on an annual basis; there is no continuous enrollment criteria. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
Congestive heart failure admissions	Y	A	TBD	TBD	Adult Core	This rate will be calculated on an annual basis; there is no continuous enrollment criteria. The PM rate will be reflective of an aggregate rate for all age groups included in the measure.
HIV/AIDS: Medical visit	Y	A	75%	90%	Adult Core	The PM rate will be reflective of the 2 visits with at least a 90-days separation.
Annual monitoring for patients on persistent medications: Combo Rate	Y	A	<b>PHASED IMPLEMENTATION - TABLED FOR CYE 14</b>			
Timeliness of prenatal care — prenatal care visit in the first trimester or within 42 days of enrollment	N	H	80%	90%	Children's Core	Intentionally left blank.
Prenatal and Postpartum Care: Postpartum Care Rate (second component to CHIPRA core measure)	Y	H	64%	90%	HEDIS	Intentionally left blank.
CAHPS Health Plan Survey v 4.0 - Adult Questionnaire with Supplemental Items	Y	Member Survey	Results from the CAHPS survey will not be used as an official PM rate; rather, AHCCCS will meet with contractors following receipt of survey results to discuss and plan future interventions, which may include opportunities to sustain positive feedback or Corrective Action Plans in areas of lower satisfaction.			
<b>CHILDRENS MEASURES</b>						
Children's Access to PCPs, by age: <b>12-24 mo.</b>	N	A	93%	97%	Children's Core	Intentionally left blank.

Children's Access to PCPs, by age: <b>25 mo.- 6 yrs.</b>	N	A	84%	90%	Children's Core	Intentionally left blank.
Children's Access to PCPs, by age: <b>7 - 11 yrs.</b>	N	A	83%	90%	Children's Core	Intentionally left blank.
Children's Access to PCPs, by age: <b>12 - 19 yrs.</b>	N	A	82%	90%	Children's Core	Intentionally left blank.
Well-Child Visits: <b>15 mo.</b>	N	A	65%	90%	Children's Core	The PM rate will be reflective of those children in the denominator who have 6+ Well Child visits by the age of 15 months.
Well-Child Visits: <b>3 - 6 yrs.</b>	N	A	66%	80%	Children's Core	Intentionally left blank.
Adolescent Well-Child Visits: <b>12-21 yrs.</b>	N	A	41%	50%	Children's Core	Intentionally left blank.
Children's Dental Visits (ages 2-21)	N	A	60%	75%	HEDIS - ADV (Annual Dental Visits)	Intentionally left blank.
EPSDT Participation	N	A	68%	80%	CMS 416 will be used	Line 10
EPSDT Dental Participation	N	A	46%	54%	CMS 416 data will be used	Line 12.a./Line 1.b.
Annual number of asthma patients (≥ 1 year old) with ≥ 1 asthma related ER visit	Y	A	TBD	TBD	Children's Core	Intentionally left blank.
Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)	Y	A	77%	89%	Children's Core	Intentionally left blank.
Inpatient Utilization (days/1,000 member months)	Y	A	480	430	HEDIS - IPU (Inpatient Utilization)	The PM rate will be reflective of an aggregate rate of days per 1,000 member months (0-19).
Emergency Department (ED) Utilization (visits/1,000 member months)	Y	A	700	560	Children's Core	The PM rate will be reflective of an aggregate rate of all members included in the methodology (members 18 and younger).
Hospital Readmission Rate	Y	A	11.5%	9%	AHCCCS*	Intentionally left blank.
CAHPS Health Plan Survey 4.0, Child Version including Medicaid and Children with Chronic Conditions supplemental items	Y	Member Survey	Results from the CAHPS survey will not be used as an official PM rate; rather, AHCCCS will meet with contractors following receipt of survey results to discuss and plan future interventions, which may include opportunities to sustain positive feedback or Corrective Action Plans in areas of lower satisfaction.			
<i>Childhood Immunization Status <sup>(1)</sup></i>						

DTaP	N	H	85%	90%	Children's Core	Intentionally left blank.
IPV	N	H	91%	95%	Children's Core	Intentionally left blank.
MMR	N	H	91%	95%	Children's Core	Intentionally left blank.
Hib	N	H	90%	95%	Children's Core	Intentionally left blank.
HBV	N	H	90%	95%	Children's Core	Intentionally left blank.
VZV	N	H	88%	95%	Children's Core	Intentionally left blank.
PCV	N	H	82%	95%	Children's Core	Intentionally left blank.
4:3:1:3:3:1 Series	N	H	74%	80%	Children's Core	Intentionally left blank.
4:3:1:3:3:1:4 Series	N	H	68%	80%	Children's Core	Intentionally left blank.
Hepatitis A (HAV)	Y	H	40%	60%	Children's Core	Intentionally left blank.
Rotovirus	Y	H	60%	80%	Children's Core	Intentionally left blank.
Influenza	Y	H	45%	80%	Children's Core	Intentionally left blank.
<i>Immunizations for Adolescents<sup>(1)</sup></i>						
Adolescent Meningococcal	N	H	75%	90%	Children's Core	Intentionally left blank.
Adolescent Tdap	N	H	75%	90%	Children's Core	Intentionally left blank.
Adolescent Combo	N	H	75%	90%	Children's Core	Intentionally left blank.

\* Based on information from CMS, there are no standardized risk adjustment tables for Medicaid. AHCCCS is finalizing the methodology for this measure and will release it soon. The goal for the adult measure is to align as closely as possible with the NCQA risk adjustment tables as long as they are reflective of/meaningful to the population served. For the Children's readmission measure, AHCCCS is determining the best way to risk adjust this population and will provide additional detail soon.

\*\* Data for these measures will include encounter data as well as any data available in the Arizona State Immunization Information System.

<sup>(1)</sup> AHCCCS will continue to measure and report results of these individual antigens; however, a Contractor may not be held accountable for specific Performance Standards unless AHCCCS determines that completion of a specific antigen or antigens is affecting overall completion of the childhood immunization series.

**General Notes:**

1. The measurement period for all measures is reflective of Contract Year (October 1 - September 30)
2. Age ranges of each measure will follow the established methodology; some adult measures will be reflective of members aged 18+ while others will reflect members 21+.
3. Allowable gaps will follow the established methodology. If an option for a Medicaid gap exists, use that specification.
4. Rates for measures that include only members less than 21 years of age are reported and evaluated separately for Title XIX and Title XXI eligibility groups.